ID Details

Request Type

(•) Out Patient ( ) In patient

Patient ID Type

( ) UB No (•) Emirates ID ( ) Application ID ( ) RA No

784-1984-6850861-3

Search Clear

Member Details

Name

JANE FRANCIS CABALLES DE REAL

Group Name

RELIANCE FACILITIES MANAGEMENT (L.L.C)

UB No

I022-029-120411590-01

DOB

16-Dec-1984

EID

784-1984-6850861-3

Gender

FEMALE

Appln No

784-1984-6850861-3

Category

Normal

Policy Jurisdiction

DHA

Benefit type

Non EBP

Join Date

03-Jul-2024

Leave Date

02-Jul-2025

PEC Status

NIL WAITING PERIOD

Flag Remarks

Member Flag

None

Visa Authority

Dubai

Policy Details

Payer

TAKAFUL EMARAT - INSURANCE

TPA

E CARE INTERNATIONAL MEDICAL BILLING SERVICES CO. LLC

Period

03-Jul-2024 to 02-Jul-2025

Network

Blue

Policy no

01-111-01-24-046504

Direct SP Access

No

Co-Ins

CONSULTATION	OUTPATIENT	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
20% Max AED 25	NIL	NIL	NIL	NIL Max 5000	NIL	NA	NA

Remarks

Area of cover: UAE (Including the Emirate of Abu Dhabi & Al Ain Region).

Active PA Details

Active Referral Details

Claim details

Benifit Group

Select Doctor

Phone No

971-50-3967687

Specialization

Please Enter Phone Number in Format 971-5X-XXXXXXX

Add Service

Add

Service	Quantity	Rate	Co-Ins	Net Req Amount	Action

Total

Add Medicine

Add

sl	Medicine	Billed Rate	Quantity	Bill Amount	Co Ins %	Co Ins Amt	Net Req Amount	Medicine Details	Action

Total

Add Diagnosis

Type

select

Add

Diagnosis	Code	Type	Action

Add Documents

Attach document(s)

Sl	File caption

Provider remarks

Generate Claim Form